

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 70/552,105
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4		1					54						
5			1				55						
6		1					56						
7			1				57						
8		1					58						
9			1				59						
10		1					60						
11			1				61						
12		1					62						
13			1				63						
14		1					64						
15	1						65						
16		1					66						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓			↓				↓			↓	
TOTAL DEP.	14	←			←				←			←	
TOTAL CLAIMS	16												